



MAYOR'S JOBS INITIATIVE

Participant Information

Last Name		First Name/Middle Initial		Social Security Number	
Street Address		City/State		Zip	
Mailing Address (If different from above)		City/State (Mail)		Zip (Mail)	
Phone (Day) ()		Message Phone ()		Phone (Night) ()	
Email Address		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Birthdate	
Citizen <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		Education Status H.S. Diploma or G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student, attending College/University <input type="checkbox"/> Student, attending Vocational Training <input type="checkbox"/> Out-of-School, High School Dropout		Selective Service Registration <input type="checkbox"/> Yes, Registered <input type="checkbox"/> No, Not Registered <input type="checkbox"/> Exempt From Registration <input type="checkbox"/> Not Required	
Race (Optional) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian/Pacific Island <input type="checkbox"/> Other Asian <input type="checkbox"/> Black – Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White – Not Hispanic		Are you Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work History/Experience <input type="checkbox"/> 0-12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7-10 years	
		Youth Needing Assistance (Additional Barriers) <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about MJI? <input type="checkbox"/> Flyer/Advertisement <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Referred by an Agency <input type="checkbox"/> Other _____	
		Limitations <input type="checkbox"/> Yes, Major <input type="checkbox"/> Yes, Substantial <input type="checkbox"/> No			

Participant Certification: My signature below indicates that I have been informed and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Mayor's Jobs Initiative Program.

Signature of Participant	Date	Signature of City Representative	Date
Remarks:			

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Parks, Recreation, and Community Services Department